

Case Number:	CM15-0121511		
Date Assigned:	07/02/2015	Date of Injury:	12/16/2010
Decision Date:	09/03/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old male who sustained an industrial injury on 12/16/2010 resulting in pain to the neck, mid back and low back. Treatment provided to date has included: physical therapy resulting in no benefit; injections; acupuncture; aquatic therapy; medications (bupropion, mirtazapine, fenoprofen, omeprazole, gabapentin, Lidopro cream, cyclobenzaprine, tramadol); psychological/psychiatric therapy; and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (2011) showing multilevel disc bulging, and an 8mm annular tear with multilevel mild neural foraminal narrowing; MRI of the thoracic spine (2011) showing a mild central disc protrusion without central canal stenosis or neural foraminal narrowing, and no subluxation or fractures; electrodiagnostic testing of both upper and lower extremities (2012) showing normal findings in the upper extremities, and evidence of right-sided lumbar radiculopathy. There were no noted comorbidities or other dates of injury noted. On 05/28/2015, physician progress report noted complaints of chronic mid and low back pain with numbness and tingling into the bilateral lower extremities. The pain was rated 8/10 in severity, and was described as constant and ongoing. Additional complaints included constant neck pain radiating to both shoulders. Current medications include bupropion, mirtazapine, gabapentin and tramadol/APAP. The physical exam revealed tenderness to palpation of the thoracic and lumbar spines, restricted and painful range of motion (ROM) in the lumbar spine, and hypertonicity lumbar pain. The provider noted diagnoses of cervical degenerative disc disease, thoracic discogenic syndrome, lumbar degenerative disc disease, gastritis (well controlled), poor coping, and myofascial pain. Plan of care includes continued psychological and psychiatric treatments,

evaluation with pain management for possible functional restoration program; additional aquatic therapy, lumbar epidural steroid injection, continued medications and conservative therapies, acupuncture, and follow-up in 4 weeks. The injured worker's work status was not specified. The request for authorization and IMR (independent medical review) includes: tramadol/APAP 37.5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol/Apap 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Opioids, criteria for use; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The review of the medical documentation indicates that the requested medication, Ultracet (Tramadol plus Acetaminophen), is not medically necessary or indicated for the treatment of the patient's chronic pain condition. According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, return to work, or improved quality of life. Opioids are to be weaned and discontinued if there is no overall improvement in function, unless there are extenuating circumstances. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. According to the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Additionally, the progress reports show that the injured worker has been prescribed this medication since at least 12/23/2014, with increased pain levels since the initiation of the Ultracet. As such, the request for Tramadol/APAP (Ultracet) is not medically necessary.